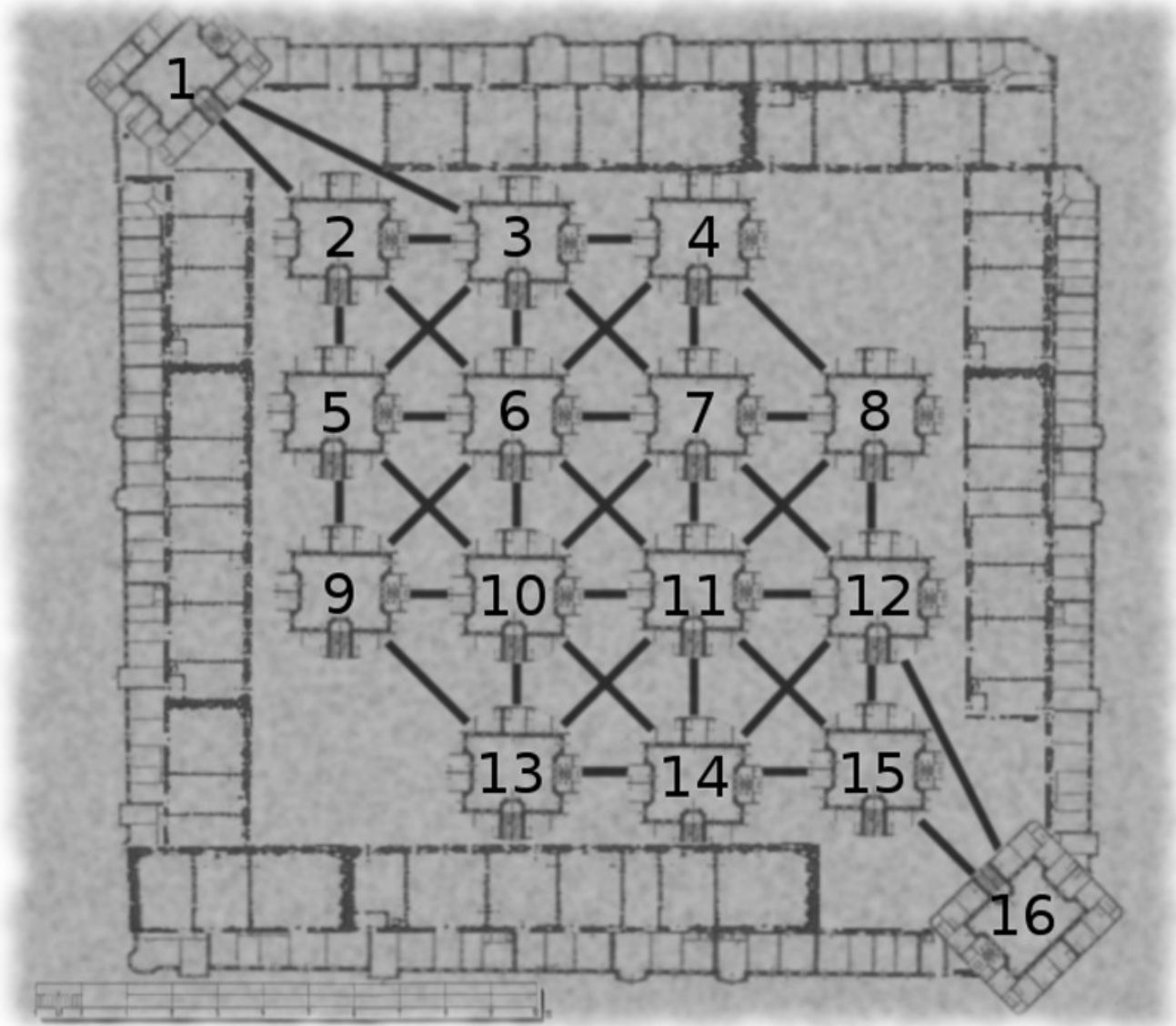
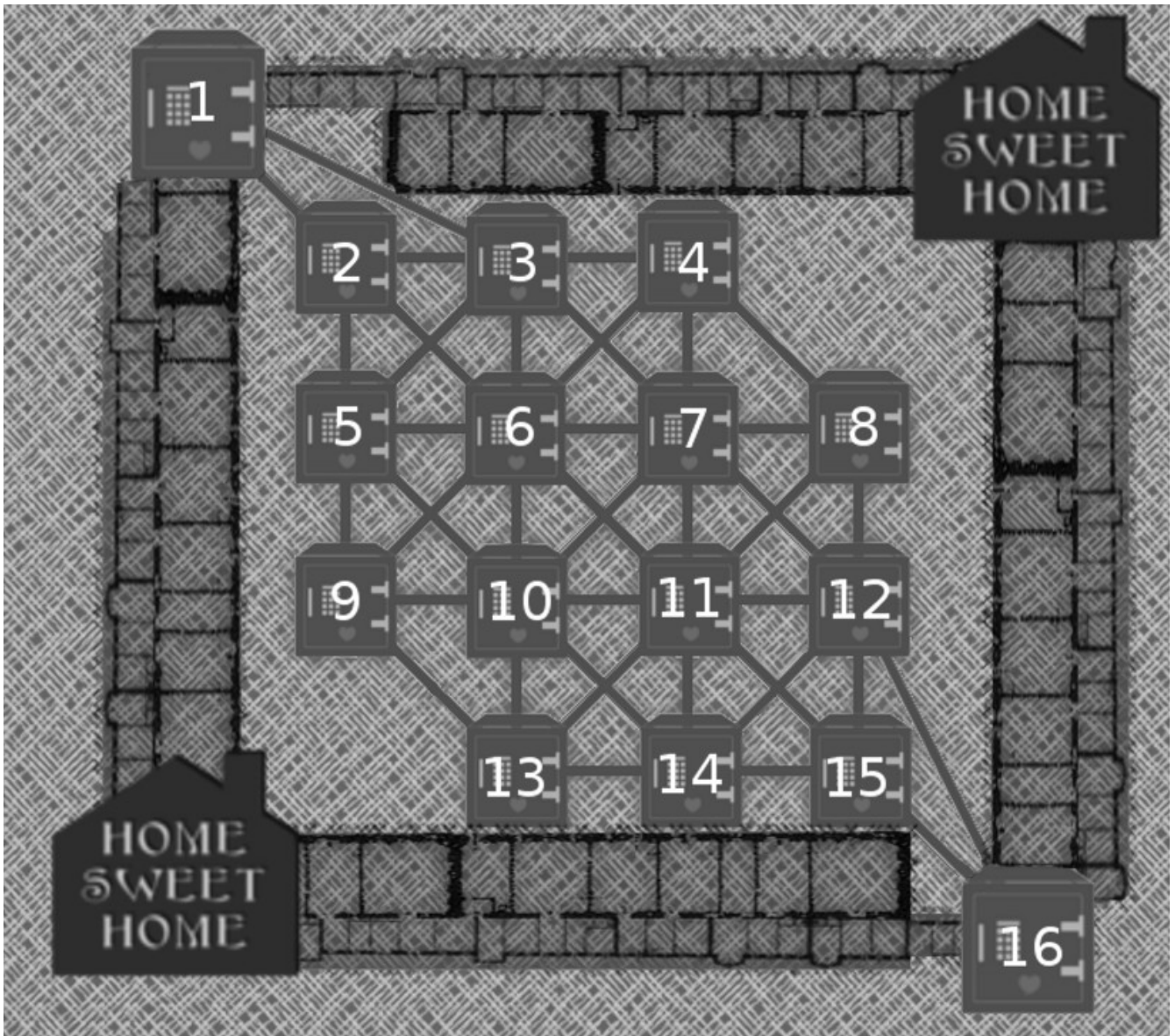


THIEF MAP



# SORCERESS MAP



# Welfare

Name:

Sex:      Age:      Race/Ethnicity:

Marital Status:      # of children:

Level of education:      Convicted felon?:

## Dreams

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

## Things I Will Never Do (Again)

1.

2.

3.

4.

5.

# Queens

Name:

Job Description:

## Duties:

1. \_\_\_\_\_

Mon:    Tues:    weds:    Thurs:    Fri:

2. \_\_\_\_\_

Mon:    Tues:    weds:    Thurs:    Fri:

3. \_\_\_\_\_

Mon:    Tues:    weds:    Thurs:    Fri:

4. \_\_\_\_\_

Mon:    Tues:    weds:    Thurs:    Fri:

5. \_\_\_\_\_

Mon:    Tues:    weds:    Thurs:    Fri:

## Bonus Confidence Dice

Monday:

Tuesday:

Wednesday:

Thursday:

Friday:

Good Days:

Bad Days:

## Cadet Permission Slip

Child's Name: \_\_\_\_\_ Vessel: \_\_\_\_\_

Departure Date: \_\_\_\_\_

Captain's Name: \_\_\_\_\_

*I hereby give permission for my child, \_\_\_\_\_, to attend an educational training mission. I understand that they will be under the care of Captain \_\_\_\_\_, and that they have been enrolled for special training in the following area:*

- Medicine and Healthcare
- Biology
- Computers and Communications
- Martial Disciplines and Tactics
- Mechanics and Engineering

*Additional Information:*

Stability

CONFIDENCE

